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PTO/SS/21/CA 22

Approved for use through 10/31/2002 OMB 0551-0031

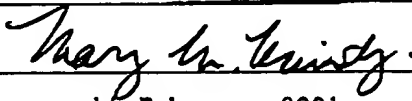

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/786,648	
	Filing Date	03/07/2001	
	First Named Inventor	Neil A. Williams	
	Group Art Unit	1645	
	Examiner Name	V. Ford	
Total Number of Pages in This Submission		20	
		Attorney Docket Number	7438.US

ENCLOSURES <i>(check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached (credit card) <input checked="" type="checkbox"/> Amendment / Reply (8 pgs) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) (8 pgs) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) RCE Transmittal postcard
Remarks <div style="border: 1px solid black; height: 40px;"></div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Mary M. Krinsky 79 Trumbull Street, New Haven, CT 06511-3708	
Signature	 	
Date	14 February 2001	26850

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date. 2/14/2002			
Typed or printed name	Mary M. Krinsky		
Signature		Date	Feb. 14, 2002

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PTO 55 (Rev. 10/01)

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FEE TRANSMITTAL
for FY 2002

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**881.00****Complete if Known**

Application Number	09/786,648
Filing Date	03/07/2001
First Named Inventor	Neil A. Williams
Examiner Name	V. Ford
Group Art Unit	1645
Attorney Docket No.	7438.US

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None

☐ Deposit Account

Deposit Account Number:
 Deposit Account Name:
 The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments

☐ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below except for the filing fee to the above identified deposit account

FEE CALCULATION**1 BASIC FILING FEE**

Large Entity | Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	
105 230	206 165	Design filing fee	
107 610	207 255	Plant filing fee	
109 40	208 370	Reissue filing fee	
112 120	214 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Extra Claims Fee from below Fee Paid

Total Claims Independent Claims Multiple Dependent

21 - 20** = 1 x 9 = 9

4 - 3** = 3 x 42 = 42

Large Entity | Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Claims in excess of 20	
102 84	202 42	Independent claims in excess of 3	
104 280	204 140	Multiple dependent claim, if not paid	
109 54	209 42	** Reissue independent claims over original patent	
110 15	210 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)**51.00**

** Number previously paid, if greater. For Reissues see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity | Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 55	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	\$460.00
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Statement	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.128(b))	
179 740	279 370	Request for Continued Examination (RCE)	\$370.00
169 900	169 900	Request for expedited examination of a design application	

Other fee (specify):

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)**830.00****SUBMITTED BY**

Name: Mary M. Krinsky

Registration No. (Attorney/Agent)

32423

Complete (if applicable)

Telephone: 203-773-9544

Signature: *Mary M. Krinsky*

Date: 14 Feb. 2002

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Mary M. Krinsky, Ph.D., J.D.
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Telecopier Information	
Name:	Examiner Vanessa L. Ford, Art Unit 1645
Telecopy Number:	703-308-4426
From:	Mary Krinsky
Date:	20 Feb 2002
Re:	09/786,648, response and RCE
Number of pages including this cover sheet	20
If you have any problems with the receipt of this facsimile, please call Dr. Krinsky at the number listed above. Thank you.	
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Message:

Please deliver to Examiner Ford as soon as possible.

Thank you!

Mary M. Krinsky